

# HIV/AIDS AND TRANSGENDER PERSONS

## DEFINING TRANSGENDER

Individuals whose gender identity, expression, or behavior is not traditionally associated with their birth sex. Some transgender individuals experience gender identity as incongruent with their anatomical sex and may seek some degree of sex reassignment surgery, take hormones, or undergo other cosmetic procedures. Others may pursue gender expression (masculine or feminine) through external self-presentation and behavior. There are no reliable data on the number of transgender individuals in the U.S.<sup>4</sup>

## WHAT WE KNOW

**Although limited information is available about HIV/AIDS among transgender persons, HIV infection may be high among this population:**

- A Centers for Disease Control and Prevention (CDC) review of an outbreak of tuberculosis among a group of 26 transgender persons in Baltimore and New York City found that **62 percent** were HIV infected.<sup>1</sup>
- Estimated HIV infection rates among specific transgender populations range from **14 percent - 69 percent**, according to several transgender HIV/AIDS needs assessments and sexual risk behavior studies. The highest prevalence may be among male-to-female (MTF) transgender sex workers.<sup>2</sup>
- Risky behaviors may be high among transgender persons, according to multiple transgender HIV/AIDS needs assessments. Risk factors include: multiple sexual partners, irregular condom use, unsafe injection practices (drugs and other substances including hormone and silicone injections); as well as lack of transgender-appropriate education and prevention activities.<sup>2</sup>
- Although HIV/AIDS risk behaviors may be reportedly high among transgender persons, many transgender persons self-identify as having low risk (according to various local HIV/AIDS needs assessments of non-infected individuals and those not previously tested for HIV).<sup>2</sup>
- Transgender people face stigma and discrimination, which exacerbates their HIV risk. The stigma of transgender status is associated with lower self-esteem, increased likelihood for substance abuse and survival sex work in MTFs, and lessened likelihood of safer sex practices. Social marginalization can result in the denial of educational, employment and housing opportunities.<sup>1,3</sup>
- There are few transgender-sensitive HIV/AIDS prevention activities. In addition, access to care for HIV disease may be limited due to low socio-economic status, lack of insurance, fear of one's transgender status being revealed, provider lack of knowledge about caring for transgender persons, and provider discrimination (e.g., exclusion from services such as drug rehabilitation programs, verbal harassment and mistreatment).<sup>1,3</sup>

**For more information on HIV/AIDS and Transgender Persons, contact the Centers for Disease Control and Prevention at 1-800-458-5231 or on the Internet at [www.cdcnpin.org](http://www.cdcnpin.org).**



The models shown are for illustrative purposes only.

OVER

- In a study of persons diagnosed with AIDS between 1990 – 2000, and reported to CDC from 34 states, transgender persons were more likely to be Black, Hispanic, or Asian Americans/Pacific Islanders, compared to other persons with AIDS.

## WHAT WE CAN DO

- **Data.** Improve data collection on transgender persons and HIV infection, particularly, separation of transgender people from the men-who-have-sex-with-men (MSM) category in data reporting. This can take place in partnerships between CDC, other researchers, and transgender communities.
- **HIV/AIDS Prevention.** HIV/AIDS is not always a priority issue in the transgender community because so many other basic survival issues outweigh it. In order to effectively reach this community, HIV/AIDS prevention and care programs might be incorporated into a broader outreach effort, such as job training or general access to health care.
- **Education of Decision-Makers.** Conduct outreach to educate policymakers, health providers, and others about transgender people and their concerns.
- **Providers.** Build provider competency to address transgender health and its relationship to HIV/AIDS transmission and prevention.

## RESOURCES

- **Asian Pacific AIDS Intervention Team**, 605 West Olympic Blvd., #610 Los Angeles, CA 90015, 213-553-1845, <http://www.members.labridge.com/lacn/apait>
- **Gender Education & Advocacy**, P.O. Box 65, Kensington, MD 20895, 301-949-3822, voice mailbox #8, <http://www.gender.org>
- **Gender Identity Project, Lesbian & Gay Community Services Center**, One Little W. 12th St., New York, NY 10014, 212-620-7310, <http://www.gaycenter.org>
- **International Journal of Transgenderism**, <http://www.symposion.com/ijt>
- **LLEGO (National Latina/o Lesbian, Gay Bisexual & Transgender Organization)**, 1612 K Street, NW Suite 500, Washington, DC 20006, 202-466-8240, <http://www.llego.org>
- **Positive Health Project**, 301 West 37th Street, 2nd Floor, New York, NY 10018, 212-465-8304, <http://www.positivehealthproject.org>
- **Proyecto ContraSIDA Por VIDA**, 2973 16th Street, San Francisco, CA 94103, 415-864-7278, <http://www.pcpv.org>
- **Safe Haven Outreach Ministry**, 805 Florida Avenue NW, Washington, DC 20001, 202-299-0701
- **TGNet Arizona**, 2818 North Campbell, PMB 315, Tucson, AZ 85719, 520-742-5686, <http://tgnetarizona.org>
- **TransHealth and HIV Education Development Program**, 132 Boylston Street, 3rd Floor, Boston, MA 02116, 617-457-8150 ext. 342, <http://www.jri.org>

<sup>1</sup> "HIV-Related Tuberculosis in a Transgender Network: Baltimore, Maryland, and New York City Area, 1998-2000." MMWR. April 20, 2000.

<sup>2</sup> Needs assessments on transgender persons and HIV/AIDS have been conducted in multiple sites. Data cited above refer to studies in Atlanta, Boston, Chicago, Los Angeles, Minnesota, New York City, Philadelphia, San Francisco, San Juan, and Washington, DC, with variable methods used to assess HIV status (i.e., self-reported through confidential surveys/interviews as well as baseline HIV tests).

<sup>3</sup> Bockting, Walter. Transgender HIV Prevention: A Minnesota Response to a Global Health Concern, 1998. Nemoto T, Luke D, Mamo L, Ching A, Patria J. HIV risk behaviors among male-to-female transgenders in comparison with homosexual or bisexual males and heterosexual females. AIDS Care 1999; 11:297-312. John Snow Research and Training Institute, Inc. "Access to Health Care for Transgendered Persons in Greater Boston." July 2000.

<sup>4</sup> Definition by representatives of TLCA forum, January 2001.